

Trial Work Report

(Please submit this report, along with your A & I for services rendered)

Community Rehabilitation Provider: _____
Name of Client (first initial and last name): _____
CRP Staff Name: _____
Submission date: _____
VR Counselor: _____

Please respond to the following:

- ❖ How many Trial Work Experiences (TWE's) were performed by this client? _____
- ❖ Did each TWE outing consist of four (4) hours, as required? Yes _____ No _____
 - If not, explain why: _____

- ❖ Based on your observations, does this client have the potential to benefit from SE services?

- ❖ How many TWE's have been submitted on the A & I for reimbursement: _____
- ❖ Total amount requested for reimbursement: _____

Note: Each reimbursable Trial Work Experience must consist of no less than a four (4) hour total period of time.

Fee scale: \$500 for one complete Trial Work Experience (4 hours total)
\$750 for two complete Trial Work Experiences
\$1000 for three complete Trial Work Experiences

- ❖ Please complete the attached pages. Use one page per Trial Work Experience and address **each** item.

Community Rehab. Provider's Signature

Date Completed

Trial Work Experience # 1

❖ Name and phone number of **first business** used to provide Trial Work Experience for this client:

➤ Describe the following:

- Date of TWE: _____
- Type of work attempted: _____
- Time spent at job site: _____
- Available accommodations at job site: _____

- Comment on client's strength and endurance: (including mobility and physical limitations) _____

- Challenging behaviors: (social interaction skills) _____

- Time Management skills _____

- Functional limitations: _____

- Communication Skills: _____

- Effects of medication on functioning: _____

- Performance of essential job duties: (ability to follow directions, quality of work, and attention to detail.) _____

- Special or Required accommodations: (job coach, assistive technology, special schedule, etc.) _____

- Is there sufficient evidence that this client can sustain employment?

Other comments:

CRP Signature: _____

Date: _____

Trial Work Experience # 2

❖ Name and phone number of **second business** used to provide Trial Work Experience for this client: _____

➤ Describe the following:

- Date of TWE: _____
- Type of work attempted: _____
- Time spent at job site: _____
- Available accommodations at job site: _____

- Comment on client's strength and endurance: (including mobility and physical limitations) _____

- Challenging behaviors: (social interaction skills) _____

- Time Management skills _____

- Functional limitations: _____

- Communication Skills: _____

- Effects of medication on functioning: _____

- Performance of essential job duties: (ability to follow directions, quality of work, and attention to detail.) _____

- Special or Required accommodations: (job coach, assistive technology, special schedule, etc.) _____

- Is there sufficient evidence that this client can sustain employment?

Other comments:

CRP Signature: _____

Date _____

Trial Work Experience # 3

❖ Name and phone number of **third business** used to provide Trial Work Experience for this client:

➤ Describe the following:

- Date of TWE: _____
- Type of work attempted: _____
- Time spent at job site: _____
- Available accommodations at job site: _____

- Comment on client's strength and endurance: (including mobility and physical limitations) _____

- Challenging behaviors: (social interaction skills) _____

- Time Management skills _____

- Functional limitations: _____

- Communication Skills: _____

- Effects of medication on functioning: _____

- Performance of essential job duties: (ability to follow directions, quality of work, and attention to detail.) _____

- Special or Required accommodations: (job coach, assistive technology, special schedule, etc.) _____

- Is there sufficient evidence that this client can sustain employment?

Other comments:

CRP Signature: _____

Date _____